AMEDD AHLTA

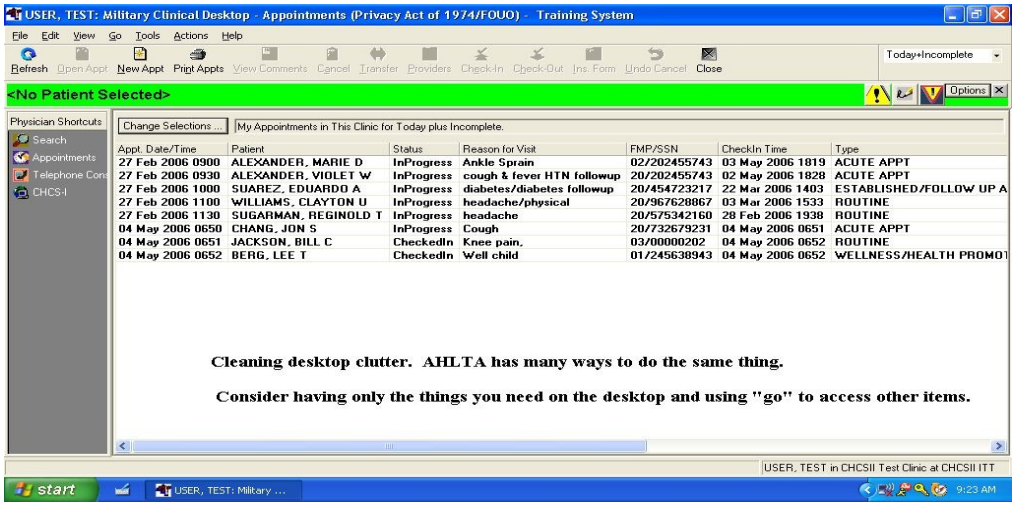
Efficiency Tips

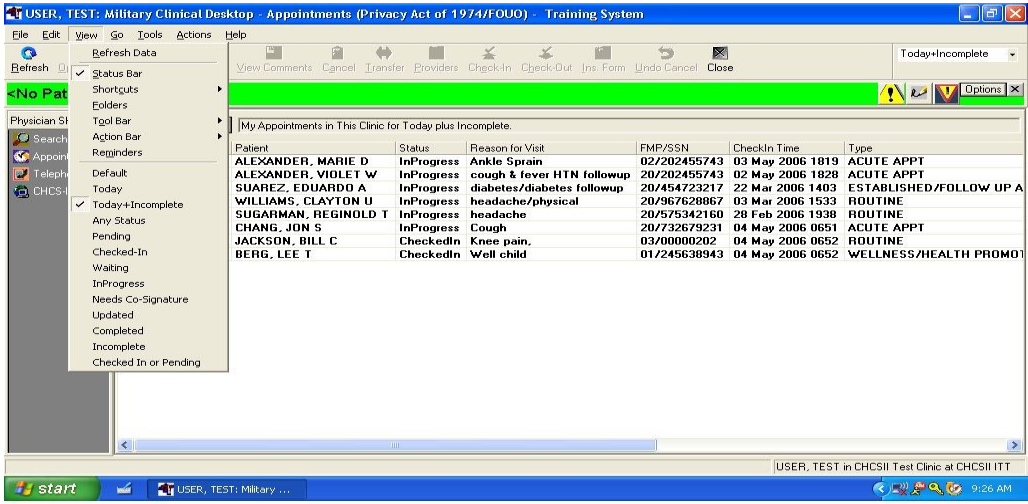
Provider TIPS for AHLTA Efficiency

- Decrease Desktop Clutter
- Health History Module Use
- User settings that help and hurt
- Problem list use and management
- Default Template Value
- SOAP to MEDCIN to Coding
- Team Documentation
- Dx Prompt and documentation strategy
- Copy forward (Chronic care or acute serial visits)
- Local PC issues Impacting Speed

Decrease Desktop Clutter

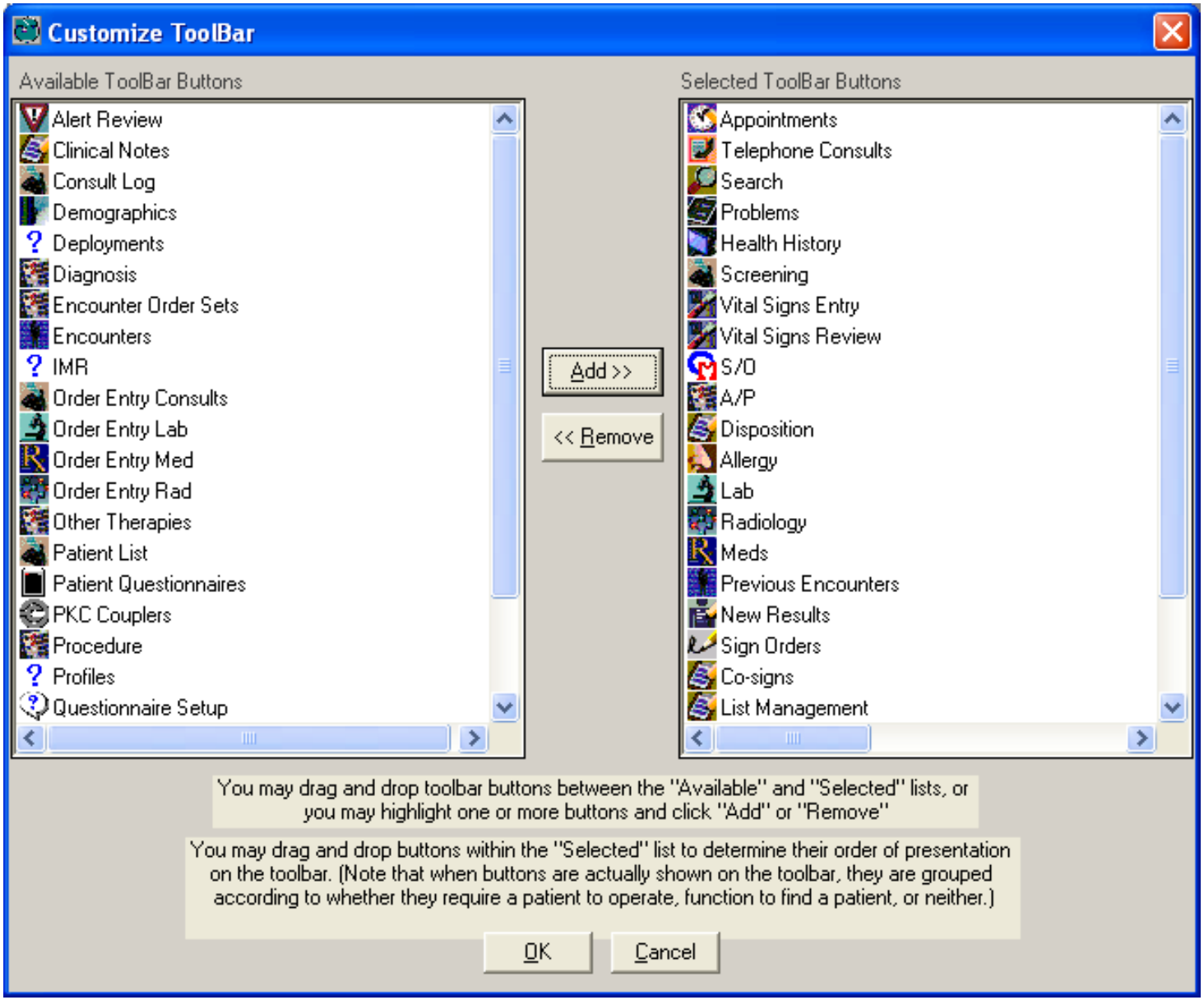
- AHLTA has many ways to accomplish this
- Set personal preferences for clinic - “speed”
- Customize your personal view

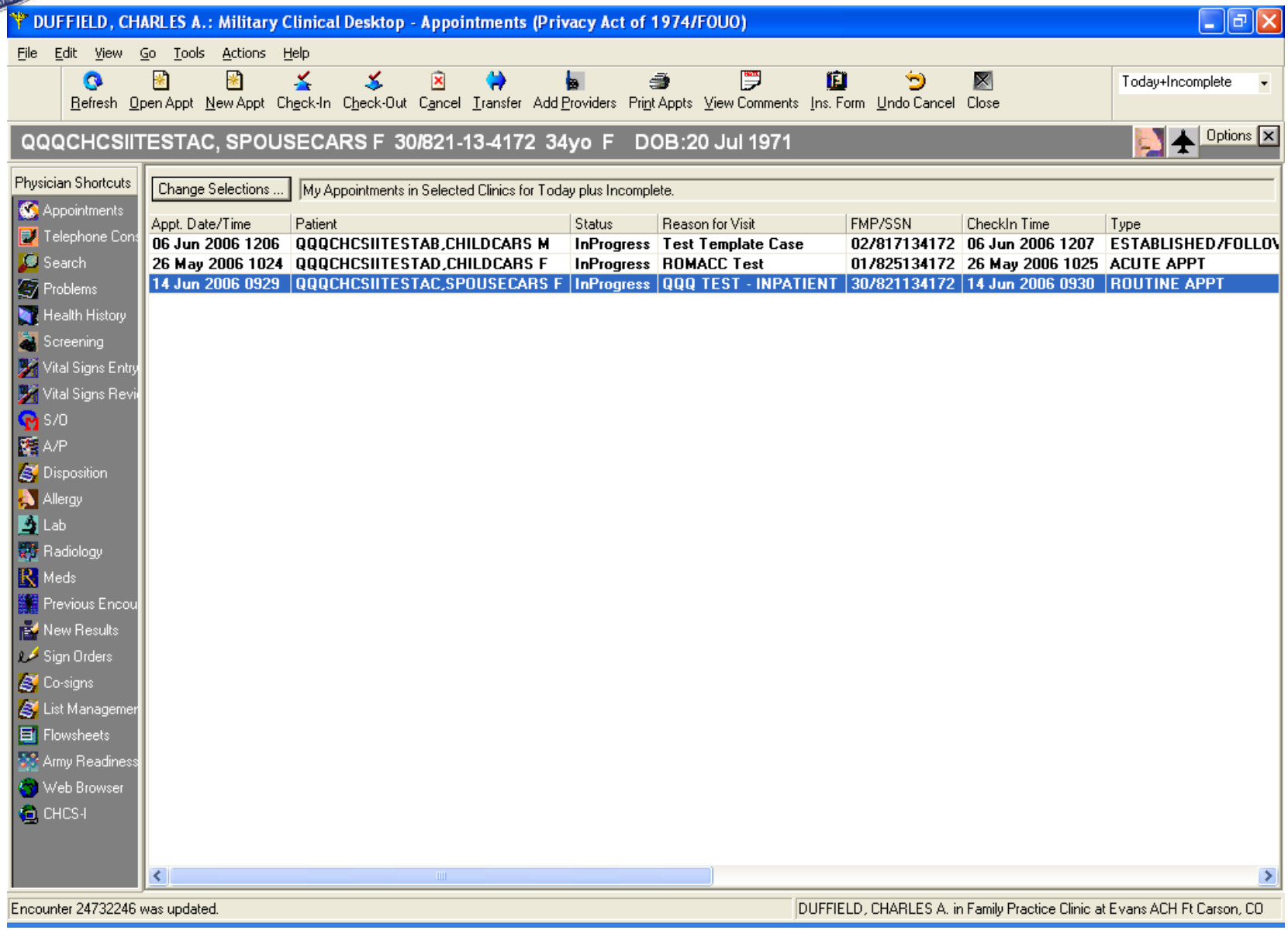

USER, TEST: Military Clinical Desktop - Appointments (Privacy Act of 1974/FOUO) - Training System
<No Patient Selected>
Cleaning desktop clutter. AHLTA has many ways to do the same thing.
Consider having only the things you need on the desktop and using "go" to access other items.



Setting up Physician Shortcuts

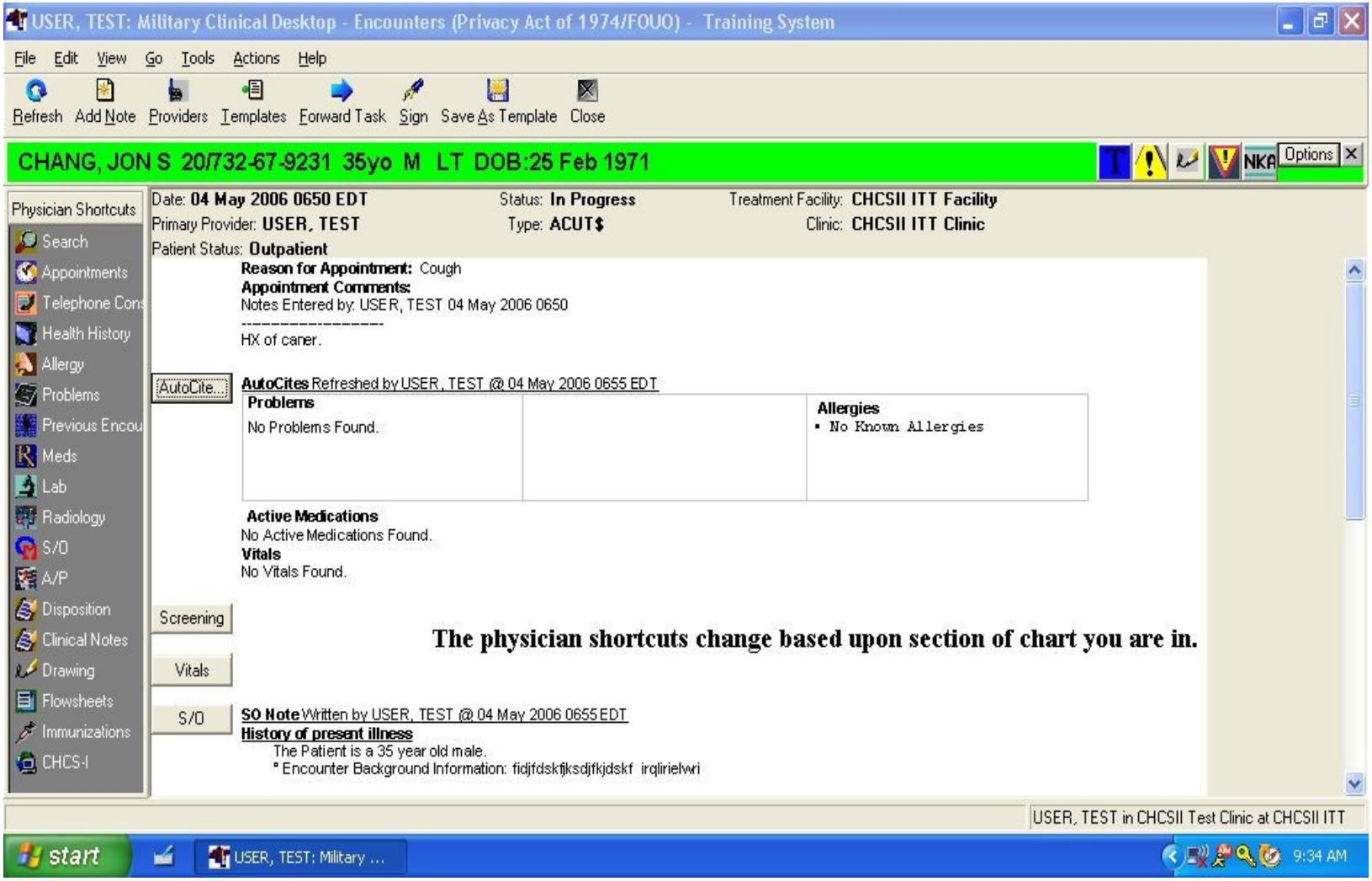
- Select from the Windows pulldown menu
  - View/Folders – will turn folders off
  - View/Shortcuts/Small Icons – turns on Physician's menu
- To edit the Physician's menu
  - Select from the Windows pulldown menu
    - View/Tool Bar/Customize
    - Drag from the left column to add the menu item to the right menu column
    - Click and drag in the right column to arrange items in the order that works for your style


Customize ToolBar
Available ToolBar Buttons
Alert Review
Clinical Notes
Consult Log
Demographics
Deployments
Diagnosis
Encounter Order Sets
Encounters
IMR
Order Entry Consults
Order Entry Lab
Order Entry Med
Order Entry Rad
Other Therapies
Patient List
Patient Questionnaires
PKC Couplers
Procedure
Profiles
Questionnaire Setup
Add >>
<< Remove
Selected ToolBar Buttons
Appointments
Telephone Consults
Search
Problems
Health History
Screening
Vital Signs Entry
Vital Signs Review
S/O
A/P
Disposition
Allergy
Lab
Radiology
Meds
Previous Encounters
New Results
Sign Orders
Co-signs
List Management
You may drag and drop toolbar buttons between the "Available" and "Selected" lists, or you may highlight one or more buttons and click "Add" or "Remove"
You may drag and drop buttons within the "Selected" list to determine their order of presentation on the toolbar. (Note that when buttons are actually shown on the toolbar, they are grouped according to whether they require a patient to operate, function to find a patient, or neither.)
OK
Cancel


DUFFIELD, CHARLES A.: Military Clinical Desktop - Appointments (Privacy Act of 1974/FOUO)
File Edit View Go Tools Actions Help
Refresh Open Appt New Appt Check-In Check-Out Cancel Transfer Add Providers Print Appts View Comments Ins. Form Undo Cancel Close
Today+Incomplete
QQQCHCSIITESTAC, SPOUSECARS F 30/821-13-4172 34yo F DOB:20 Jul 1971
Options
Physician Shortcuts
Appointments
Telephone Cons
Search
Problems
Health History
Screening
Vital Signs Entry
Vital Signs Revi
S/O
A/P
Disposition
Allergy
Lab
Radiology
Meds
Previous Encou
New Results
Sign Orders
Co-signs
List Managemer
Flowsheets
Army Readiness
Web Browser
CHCS-I
Change Selections ...
My Appointments in Selected Clinics for Today plus Incomplete.
Appt. Date/Time | Patient | Status | Reason for Visit | FMP/SSN | CheckIn Time | Type
06 Jun 2006 1206 | QQQCHCSIITESTAB,CHILDCARS M | InProgress | Test Template Case | 02/817134172 | 06 Jun 2006 1207 | ESTABLISHED/FOLLOV
26 May 2006 1024 | QQQCHCSIITESTAD,CHILDCARS F | InProgress | ROMACC Test | 01/825134172 | 26 May 2006 1025 | ACUTE APPT
14 Jun 2006 0929 | QQQCHCSIITESTAC,SPOUSECARS F | InProgress | QQQ TEST - INPATIENT | 30/821134172 | 14 Jun 2006 0930 | ROUTINE APPT
Encounter 24732246 was updated.
DUFFIELD, CHARLES A. in Family Practice Clinic at Evans ACH Ft Carson, CO

Physician Shortcuts:

Place items in the sequence that you use them

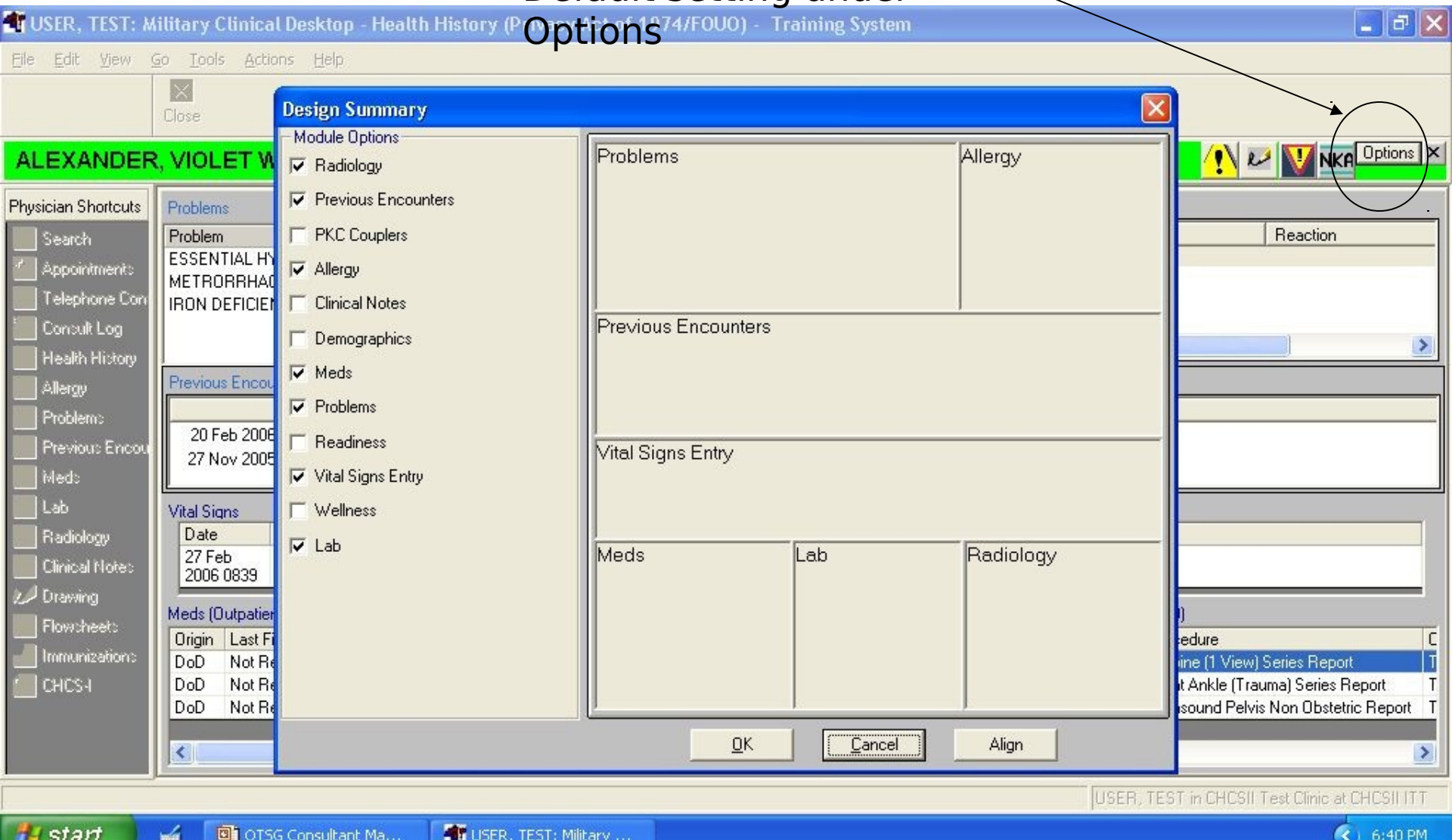


Health History Module

- Pre-loads patient data in the background
- Action in clinic: Open the appointment and immediately click HHM so that it loads at beginning of appointment (in hallway if wireless)
- Do something else while patient data is loading
- When you click on Rads and Labs later, they will appear faster since the data was pre-fetched earlier (on that PC / patient)

HHM: Must Set User Options

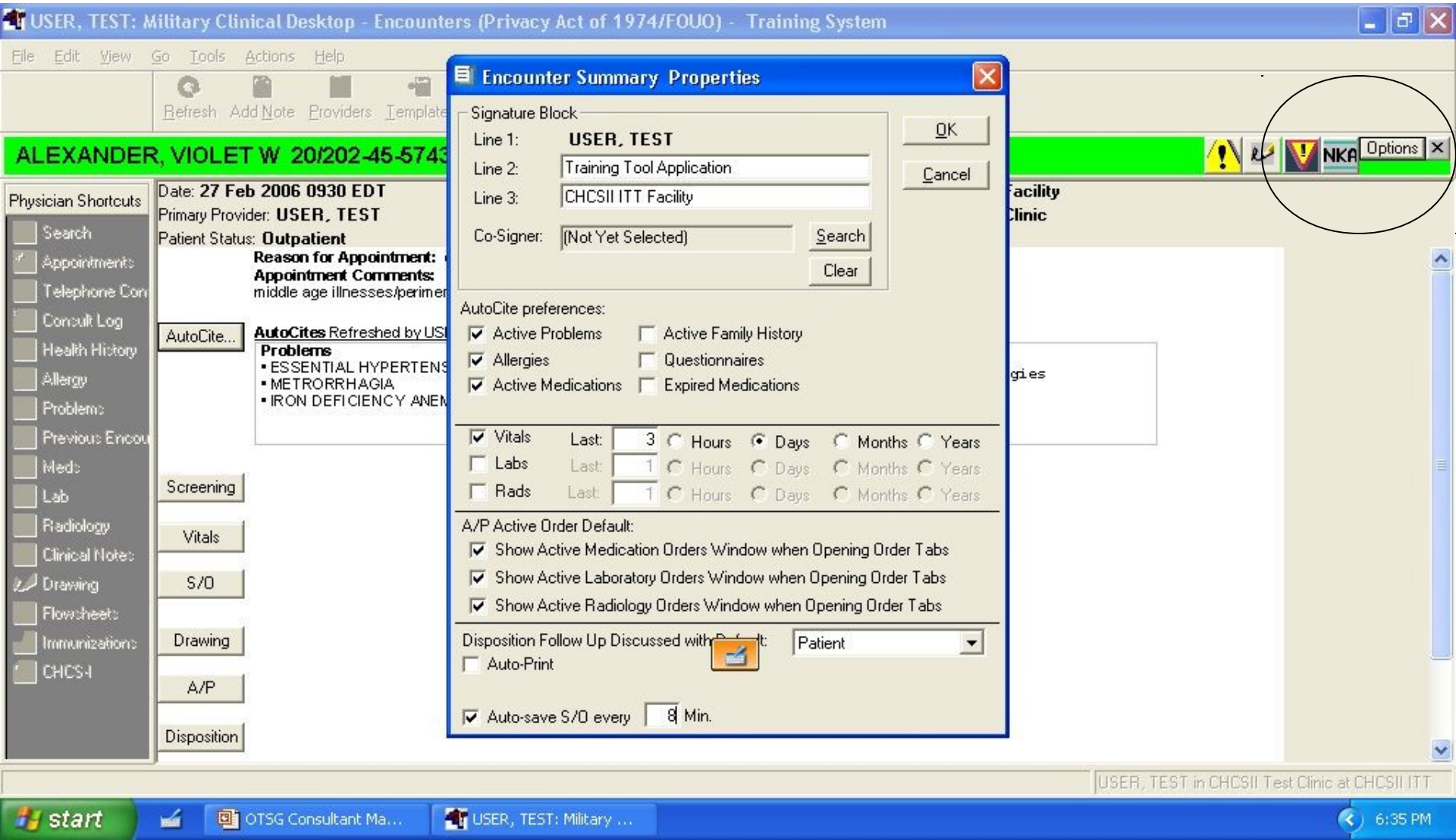
Default setting under Options



User Defined Setting

- AUTOCITE
  - Only set for current meds, allergies, problems (speeds A/P loading) Note: Must set Questionnaires only if your clinic is actively conducting questionnaire interviews.
  - Added information slows the system and you are legally liable for any autocite results (LABS, RADS)
  - Close patient record when not using
- Autosave - Set at every eight minutes. This will save data if an event occurs. More frequent saves can slow the system.
- No printing of charts
- LAB/Rad Settings

Autocite: Set User Preferences



Other User Settings

- The filter used for medication display will impact view and autocite
  - Options: Outpatient current/Inpatient All/All current
- If Using HHM approach
  - Set labs to all “in the Lab Module”
  - Set Meds to all “in the Meds Module”
- If NOT using HHM approach
  - Set labs to N-days
  - Set rads to N number or days
  - Longer = Slower

Problem List Use

- Entire Health team has responsibility to perform updates and maintenance
- Eliminate inactive or repetitive terms
- Use patients previous diagnosis to enter diagnosis on new appointments or change it.
- If Problems, Surgeries, and FamHx is updated once, this decreases work by ALL.

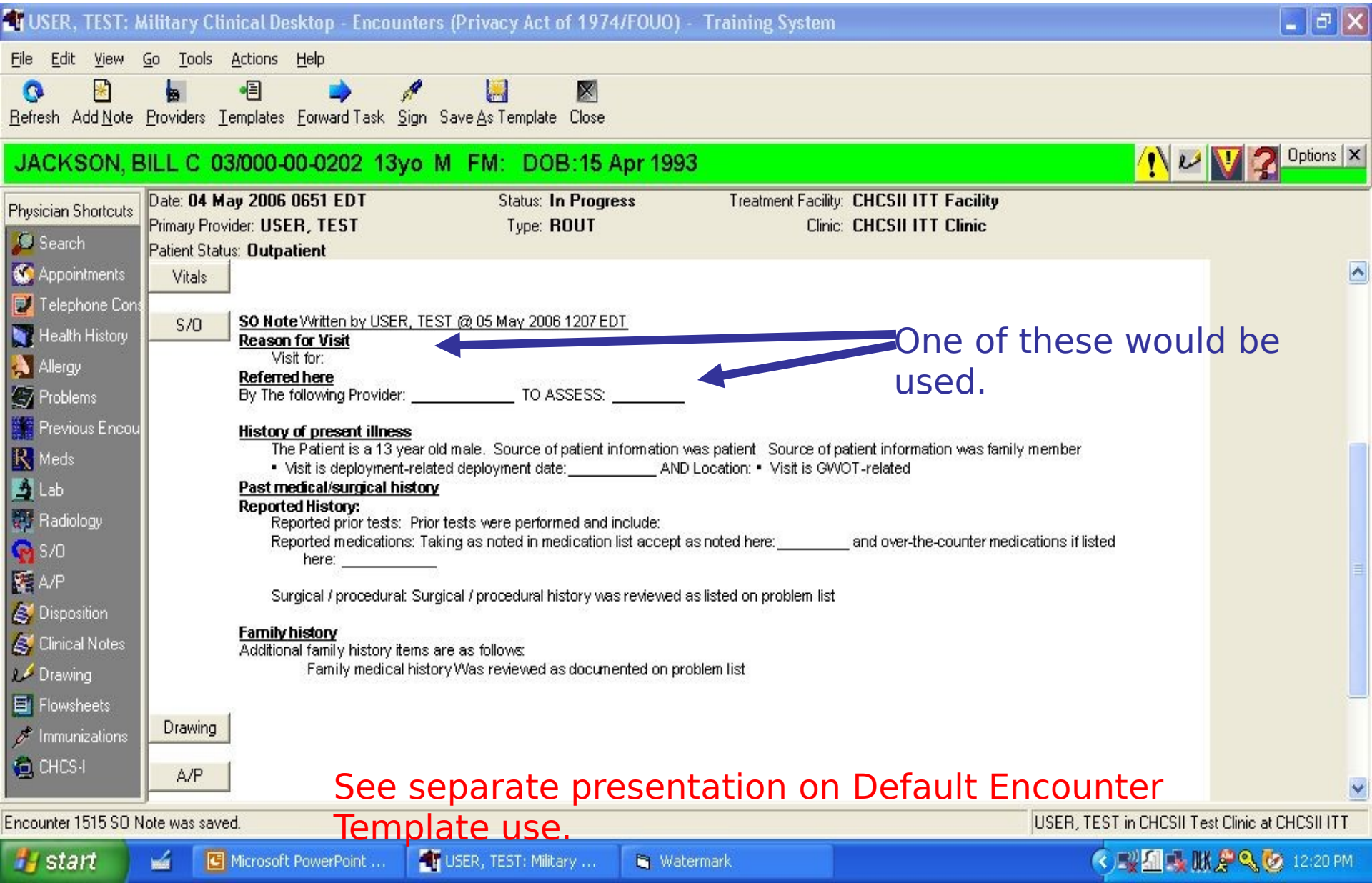
Default Encounter Templates

- What they GIVE you without searching
  - Favorite Diagnosis
  - Favorite acute meds
  - Favorite tests
- Can be used with other “templates”
- Augment with clinic favorites
- In A/P Module Use Patient’s Problem List as initial way to find diagnosis and enter into note

Default Template

- HPI Include only Terms:
  - Visit For
    - Free text the story
    - Note: You will add Pos ROS to the HPI when writing the note
  - Consult
    - Referred Here: You type in reason and provider name
  - Deployment Related
  - GWOT Related
  - Information Source

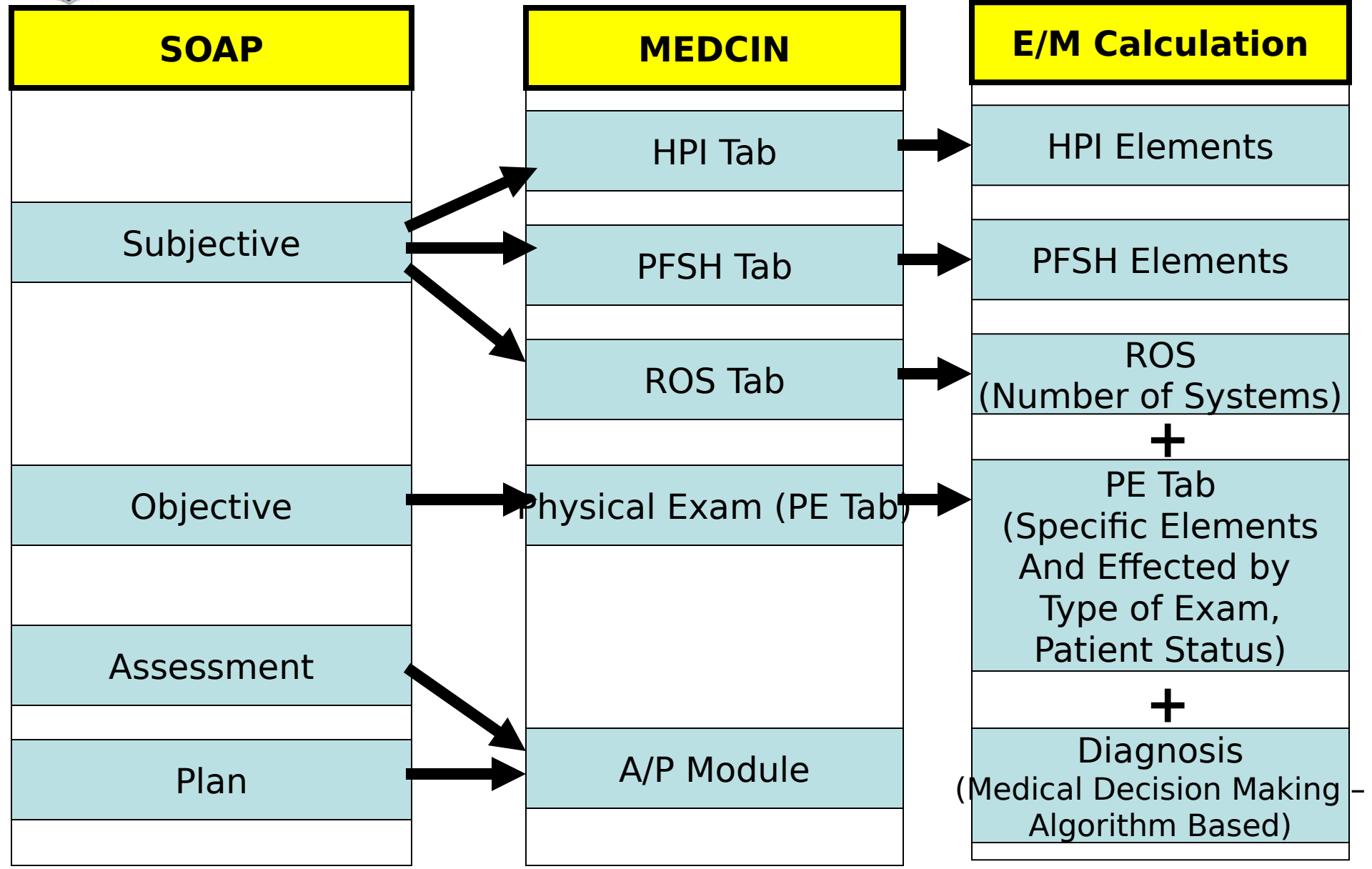
The note reads like this


USER, TEST: Military Clinical Desktop - Encounters (Privacy Act of 1974/FOUO) - Training System
File Edit View Go Tools Actions Help
Refresh Add Note Providers Templates Forward Task Sign Save As Template Close
JACKSON, BILL C 03/000-00-0202 13yo M FM: DOB:15 Apr 1993
Options
Physician Shortcuts
Search
Appointments
Telephone Cons
Health History
Allergy
Problems
Previous Encou
Meds
Lab
Radiology
S/O
A/P
Disposition
Clinical Notes
Drawing
Flowsheets
Immunizations
CHCS-I
Date: 04 May 2006 0651 EDT
Status: In Progress
Treatment Facility: CHCSII ITT Facility
Primary Provider: USER, TEST
Type: ROUT
Clinic: CHCSII ITT Clinic
Patient Status: Outpatient
Vitals
S/O
SO Note Written by USER, TEST @ 05 May 2006 1207 EDT
Reason for Visit
Visit for:
Referred here
By The following Provider: _____ TO ASSESS: _____
History of present illness
The Patient is a 13 year old male. Source of patient information was patient Source of patient information was family member
• Visit is deployment-related deployment date:_____ AND Location: • Visit is GWOT-related
Past medical/surgical history
Reported History:
Reported prior tests: Prior tests were performed and include:
Reported medications: Taking as noted in medication list accept as noted here:_____ and over-the-counter medications if listed here: _____
Surgical / procedural: Surgical / procedural history was reviewed as listed on problem list
Family history
Additional family history items are as follows:
Family medical history Was reviewed as documented on problem list
Drawing
A/P
Encounter 1515 SO Note was saved.
USER, TEST in CHCSII Test Clinic at CHCSII ITT
start
Microsoft PowerPoint ...
USER, TEST: Military ...
Watermark
12:20 PM

One of these would be used.

See separate presentation on Default Encounter Template use.

Basic Info for Coding Awareness



SOAP to Coding

- More clicks do not necessarily mean higher E&M code
- Where the information is placed is important
- Many terms role up under parent terms
- Create ROS and HPI of “Terms You Use” that are as specific as you feel comfortable.
- Using these terms
  - Free text specify details for clarity
  - Save usual or repeated text by editing the S/O template for re-usability
- MS Word file - use on your desktop to “copy and paste” common instructions/information (Ctrl-C – Ctrl-V)
- Free text in HPI to tell story and in A/P comments
- Place/move pertinent positive in ROS into HPI (Use ROS/HPI Flip Button)

Coding Facts You Should Know

How Does AHLTA Assist with Coding?

Inputs to the E&M calculator include:

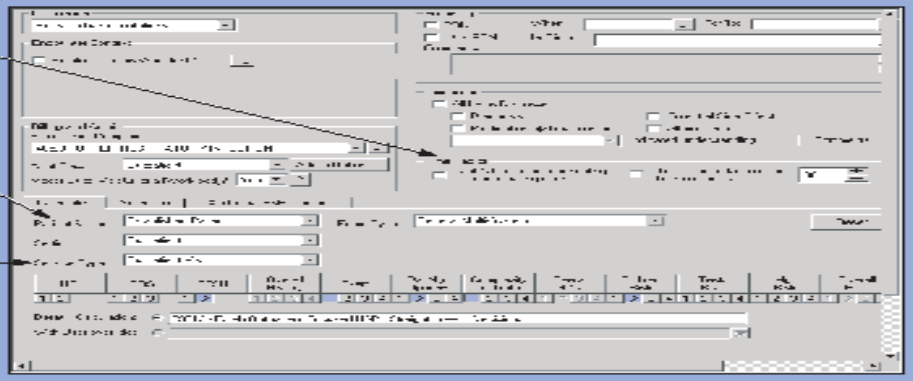
- Structured Text Used In S/O
- Diagnosis (A/P)
- Disposition Filters
  - Patient Status (New vs. Existing)
  - Service Type
  - 50% Time Spent Counseling

RVUs are also added by documented procedures, and other therapies

Counseling/Coordinating Care
Used only if greater than 50% time was spent counseling patient or coordinating care.

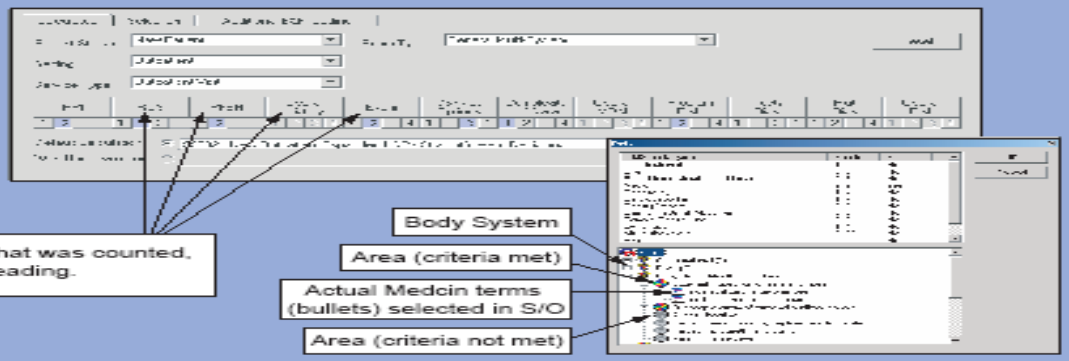
Patient status
Existing Patient: If seen in your clinic in the last 3 year
New Patient: If not seen in your clinic in the last 3 years

Service Type
Outpatient Visit: If a visit for a new or existing problem or problems
Prev Med Eval / Mgt: If the PRIMARY purpose of the visit was for annual/preventative visit. When preventative visit, v-code (preventative diagnosis) must be the primary diagnosis.
Consult: If patient was REFERRED to you for evaluation



Disposition Module

How can I tell what has been counted?
Users with access to the Disposition module BEFORE an encounter is signed, can review the items that were counted in the E&M code. Simply click on the header to review the bullets that were counted.



To see the details of what was counted, click the appropriate heading.

- Body System
- Area (criteria met)
- Actual Medcin terms (bullets) selected in S/O
- Area (criteria not met)

Team Documentation

- Background: There are several workflow/options using AHLTA. The provider is not the only person who can write on or add to the **patient's note.**
- When opening the S/O module, select the option(s) based upon the **Outcome Desired** for the documentation.

Speed: A Re-look

- Many users complain about the “speed” of documentation with AHLTA and its ability for multiple people to enter information into the note.
  - Speed - The time it takes to complete the entire healthcare encounter from check-in to a completed note.
- Solution – The best way to improve speed and effectiveness is to understand how AHLTA assists in the **process of care**.

Scenario 1

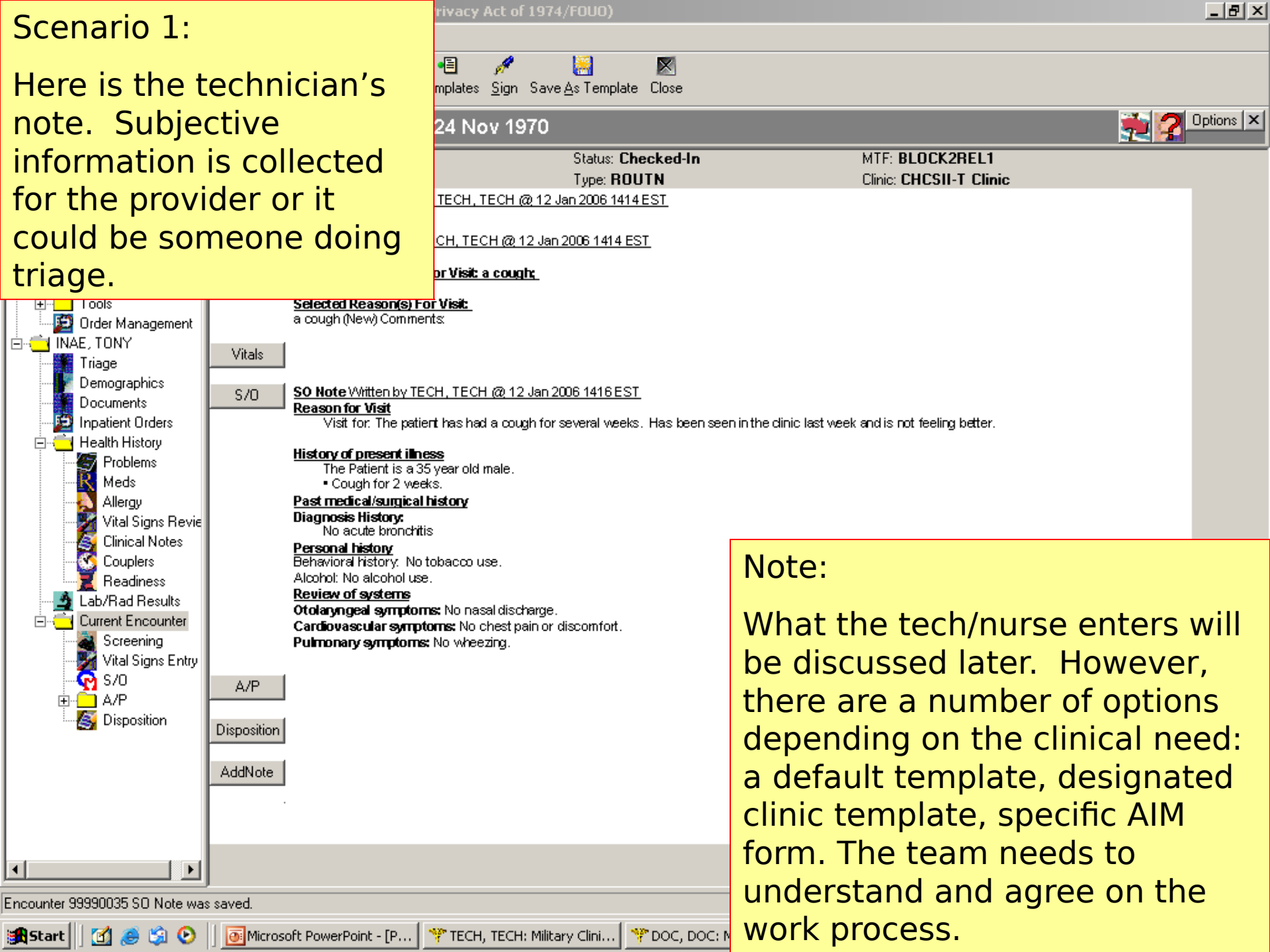
- OUTCOME – Multiple entries during a single encounter where separate time/date stamps are needed.

- Nurse/Tech writes initial note or enters serial notes.
- Provider writes ADDITIONAL note(s) that show up below the Nurse/tech's note.
- All entries into the encounter stored in chronologic order.

- Use Cases
  - Note started by Triage Nurse in Emergency Department
  - Documentation of Serial exams
  - Nursing documentation of intervention (IV fluids, nebulizer treatment, medication during the visit)
  - Transition of care between provider (i.e. Change of shift)

Scenario 1:

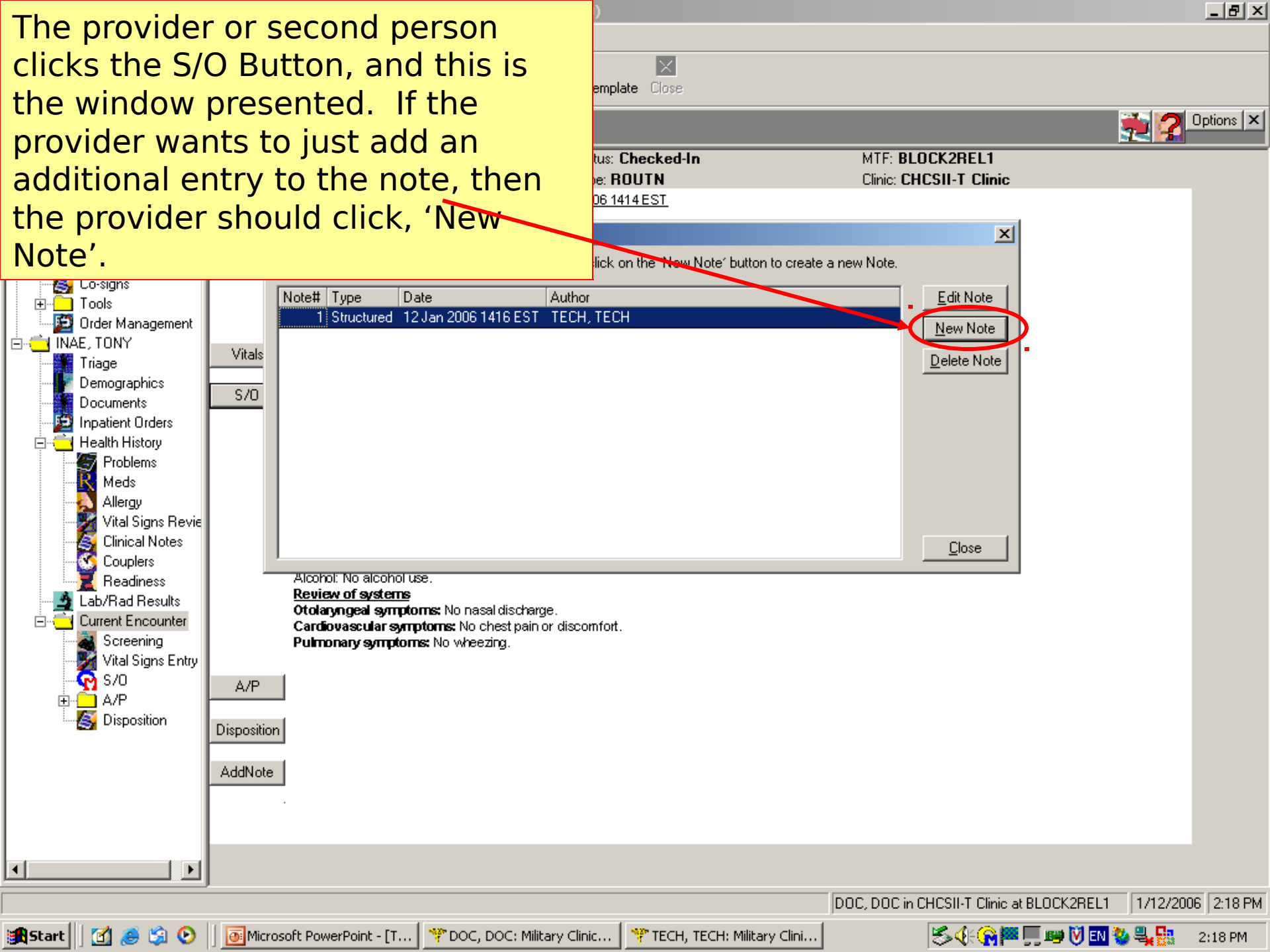
Here is the technician's note. Subjective information is collected for the provider or it could be someone doing triage.



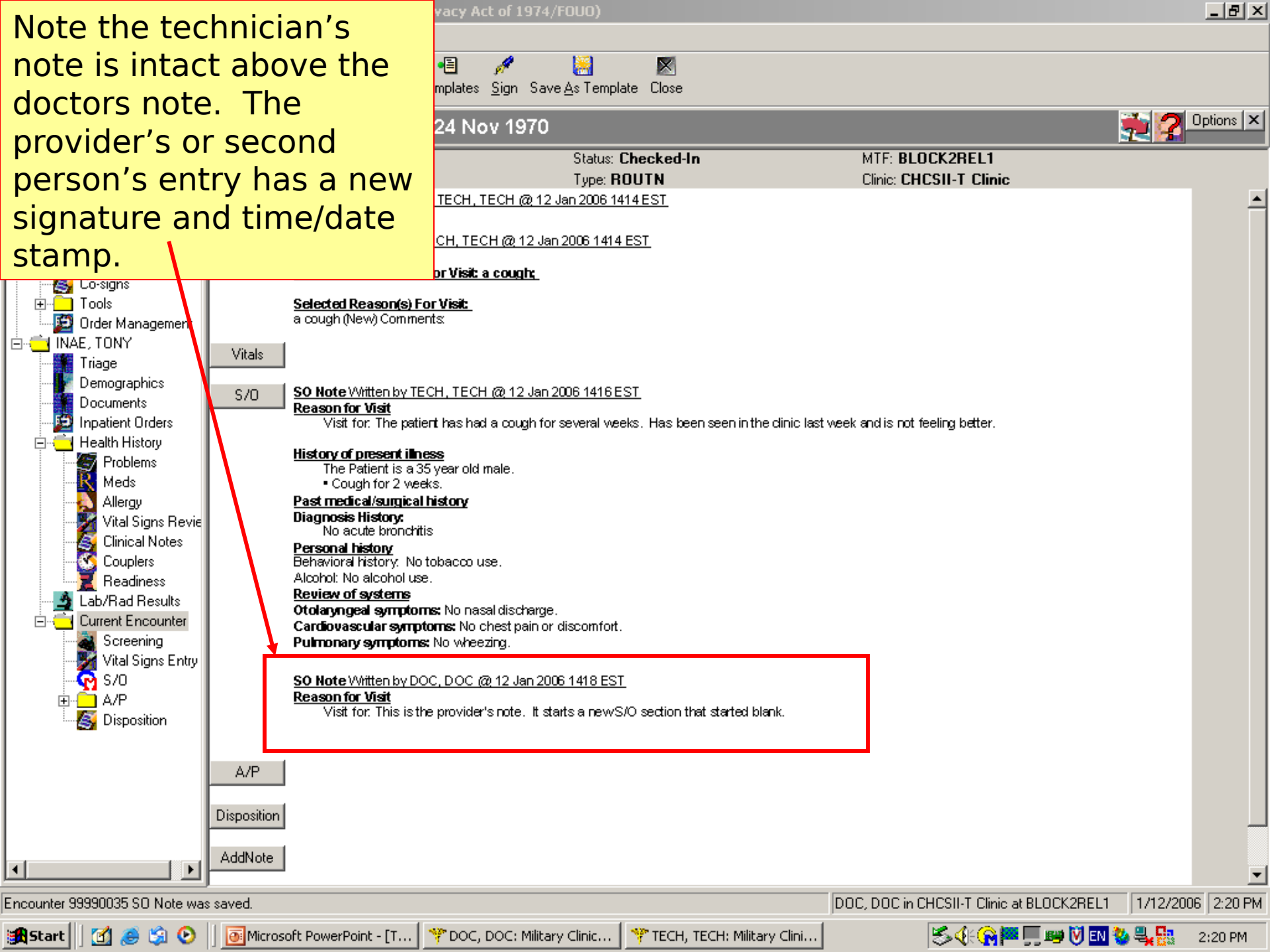
Note:

What the tech/nurse enters will be discussed later. However, there are a number of options depending on the clinical need: a default template, designated clinic template, specific AIM form. The team needs to understand and agree on the work process.

The provider or second person clicks the S/O Button, and this is the window presented. If the provider wants to just add an additional entry to the note, then the provider should click, 'New Note'.



Note the technician's note is intact above the doctors note. The provider's or second person's entry has a new signature and time/date stamp.



Scenario 2
(aka ‘Edit-No-Yes’ Method)

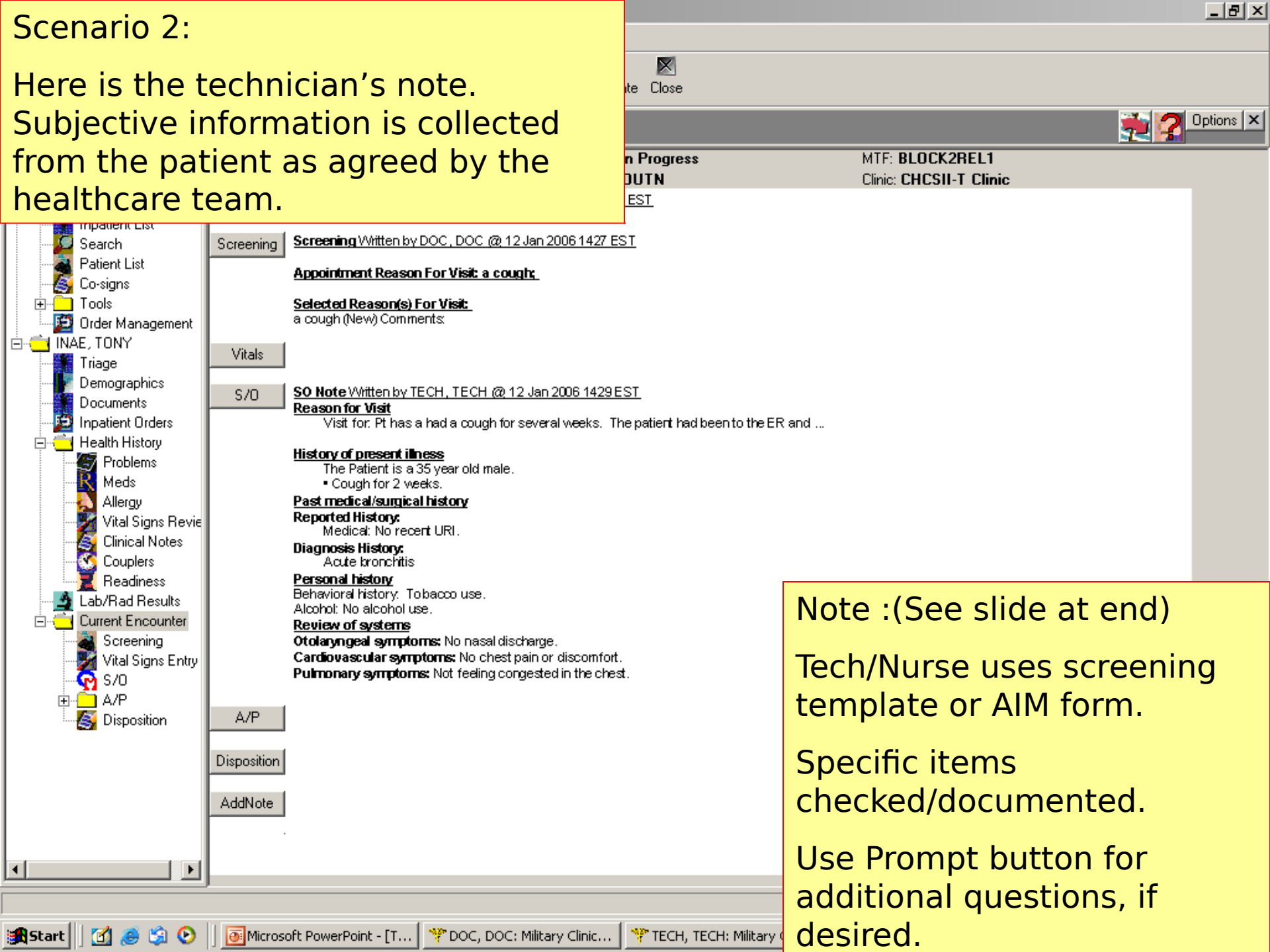
- OUTCOME – Provider wants to start with the data/information that the Tech/Nurse has gathered. Provider takes over the tech/nurses note, edits it, and the tech/nursing note shows up at the bottom of the page (for auditing purposes).

- Tech/Nurse documents **initial data** and an **initial note** is generated.
- Provider assumes responsible for the encounter and completes the encounter with a single time data stamp. This makes a more legible note for the next person to read.

- Use Case: Typical Office Visit *(at least the start of one).*

Scenario 2:

Here is the technician's note. Subjective information is collected from the patient as agreed by the healthcare team.



Note :(See slide at end)

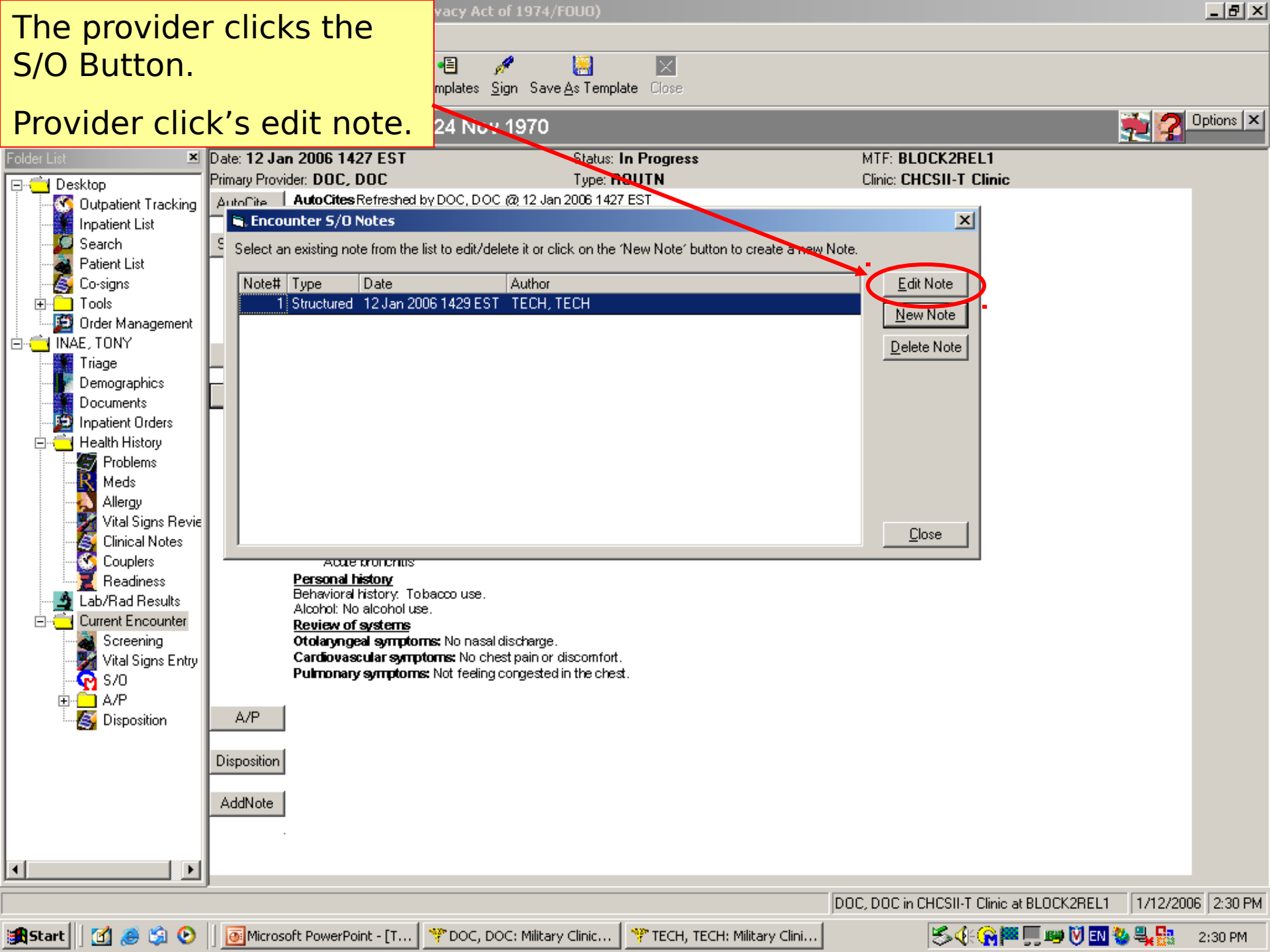
Tech/Nurse uses screening template or AIM form.

Specific items checked/documented.

Use Prompt button for additional questions, if desired.

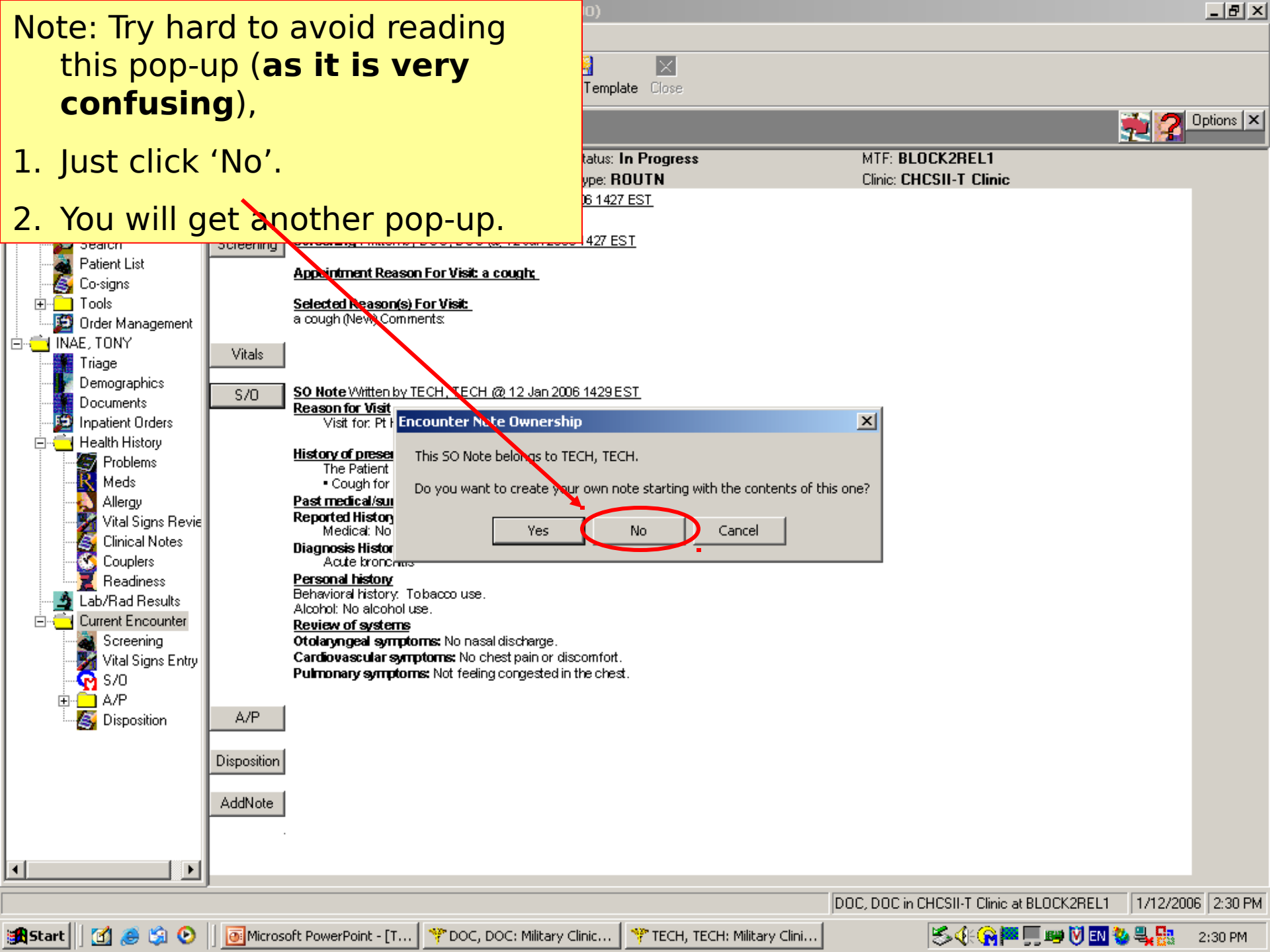
The provider clicks the S/O Button.

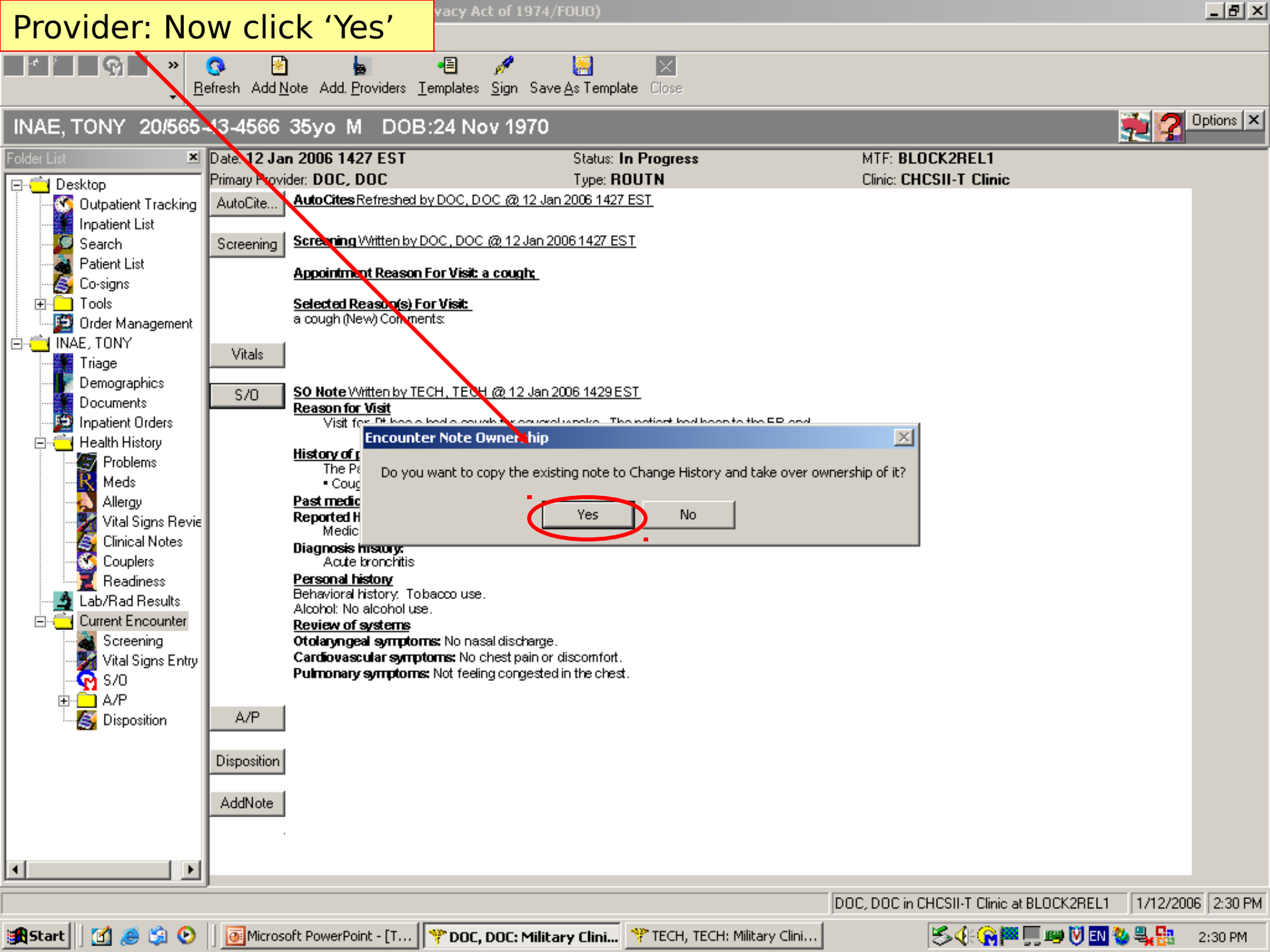
Provider click's edit note.



Note: Try hard to avoid reading this pop-up (**as it is very confusing**),

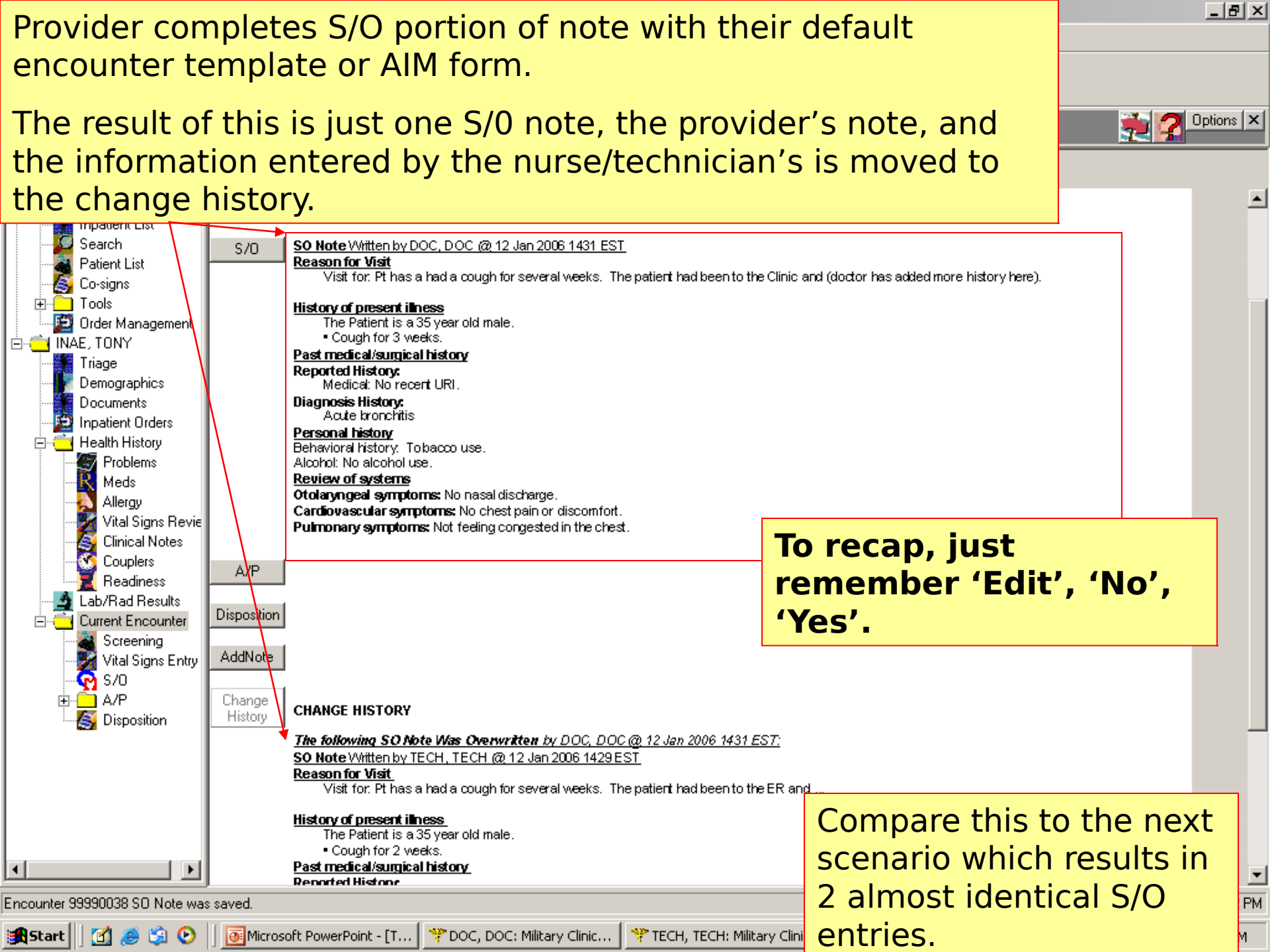
1. Just click ‘No’.
2. You will get another pop-up.




Provider: Now click 'Yes'
Refresh
Add Note
Add. Providers
Templates
Sign
Save As Template
Close
INAE, TONY 20/565-13-4566 35yo M DOB:24 Nov 1970
Options
Folder List
Desktop
Outpatient Tracking
Inpatient List
Search
Patient List
Co-signs
Tools
Order Management
INAE, TONY
Triage
Demographics
Documents
Inpatient Orders
Health History
Problems
Meds
Allergy
Vital Signs Revie
Clinical Notes
Couplers
Readiness
Lab/Rad Results
Current Encounter
Screening
Vital Signs Entry
S/O
A/P
Disposition
Date: 12 Jan 2006 1427 EST
Status: In Progress
MTF: BLOCK2REL1
Primary Provider: DOC, DOC
Type: ROUTN
Clinic: CHCSII-T Clinic
AutoCite...
AutoCites Refreshed by DOC, DOC @ 12 Jan 2006 1427 EST
Screening
Screening Written by DOC, DOC @ 12 Jan 2006 1427 EST
Appointment Reason For Visit: a cough;
Selected Reason(s) For Visit:
a cough (New) Comments:
Vitals
S/O
SO Note Written by TECH, TECH @ 12 Jan 2006 1429 EST
Reason for Visit
Encounter Note Ownership
Do you want to copy the existing note to Change History and take over ownership of it?
Yes
No
Diagnosis history:
Acute bronchitis
Personal history
Behavioral history: Tobacco use.
Alcohol: No alcohol use.
Review of systems
Otolaryngeal symptoms: No nasal discharge.
Cardiovascular symptoms: No chest pain or discomfort.
Pulmonary symptoms: Not feeling congested in the chest.
A/P
Disposition
AddNote
DOC, DOC in CHCSII-T Clinic at BLOCK2REL1
1/12/2006
2:30 PM
Start
Microsoft PowerPoint - [T...
DOC, DOC: Military Clini...
TECH, TECH: Military Clini...
2:30 PM

Provider completes S/O portion of note with their default encounter template or AIM form.

The result of this is just one S/0 note, the provider's note, and the information entered by the nurse/technician's is moved to the change history.



To recap, just remember 'Edit', 'No', 'Yes'.

Compare this to the next scenario which results in 2 almost identical S/O entries.

Recommended Clinic Workflow

- Set User Preferences/Defaults
- Establish clinic favorite list
- Establish SOP or agreement on what screeners will document.
- Screener should limit or not use the free text comment box in screening tab. Information should be placed in note for use by provider.
- Use Team documentation. (The extra time spent reviewing existing notes will speed not slow the clinic)
- Everyone adds to CPTs as appropriate.
- Check 99211 visits in against provider, nursing staff compete documentation and provider ONLY reviews and sign. Note: Check with coders to see what visits are a 99211 in your clinic and do not require the provider to see.

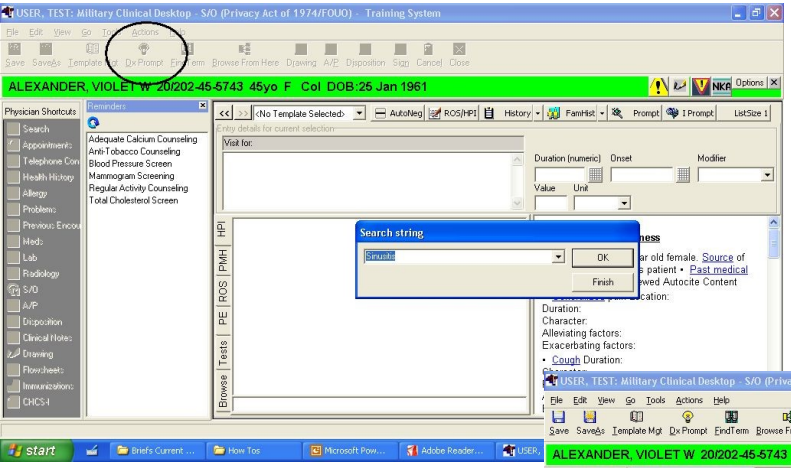
Recommended Provider Encounter Workflow

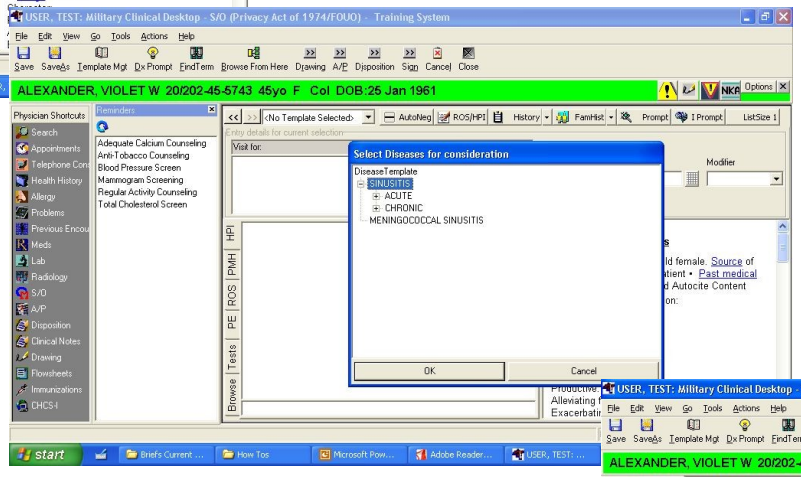
- Before Clinic (one time investment)
  - Set User Preferences/Defaults
  - Establish clinic favorites DX and CPT (only the most common)
  - Create personal default template (can be clinic or MTF specific)
- Team Documentation – Same Template or Clinic
- Enter room greet pt, open appointment, read screening entry and click HHM
- Take history and do exam (Most people will not write note while taking history)
- Complete A/P with patient in room (limit A/P jumps)
- Dx, orders, and Instructions reviewed with patient – Pt Leaves
- EDIT-No-Yes to take over screening note THEN write note with default template
- Augment default template with DxPrompt (if needed) to complete note
- Remember to put positive ROS into HPI (using flip button)
- Disposition and Sign with a cup of coffee

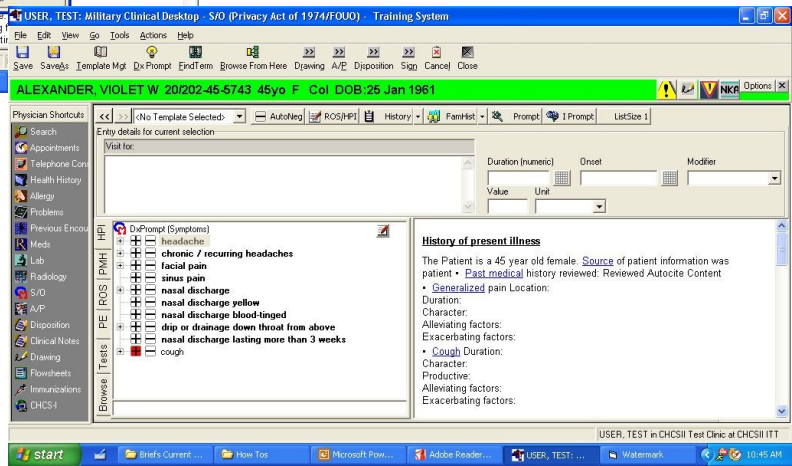
DxPrompt

- Only accessible in template mode (not from AIM form except in “Note View” mode)
- Click ICON and type in diagnosis
- MEDCIN will give you common terms for the diagnosis in each area of the note. It will show you what has already been Selected
- Consider using when diagnosis is not covered by your personal default template

DxPrompt Steps

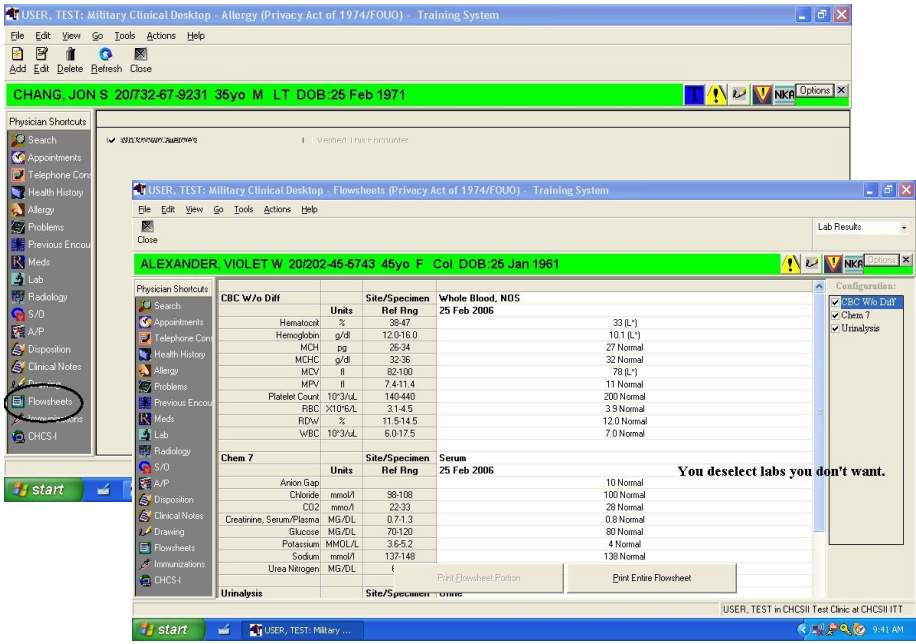

USER, TEST: Military Clinical Desktop - S/O (Privacy Act of 1974/FOUO) - Training System
ALEXANDER, VIOLET W 20/202-45-5743 45yo F Col DOB:25 Jan 1961
Search string
Sinusitis
OK
Finish

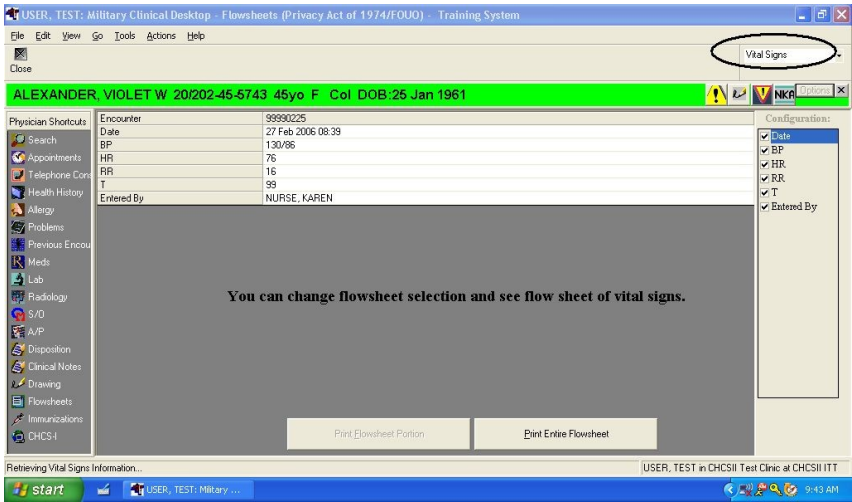



USER, TEST: Military Clinical Desktop - S/O (Privacy Act of 1974/FOUO) - Training System
ALEXANDER, VIOLET W 20/202-45-5743 45yo F Col DOB:25 Jan 1961
DxPrompt (Symptoms)
headache
chronic / recuring headaches
facial pain
sinus pain
nasal discharge
nasal discharge yellow
nasal discharge blood-tinged
drip or drainage down throat from above
nasal discharge lasting more than 3 weeks
cough
History of present illness

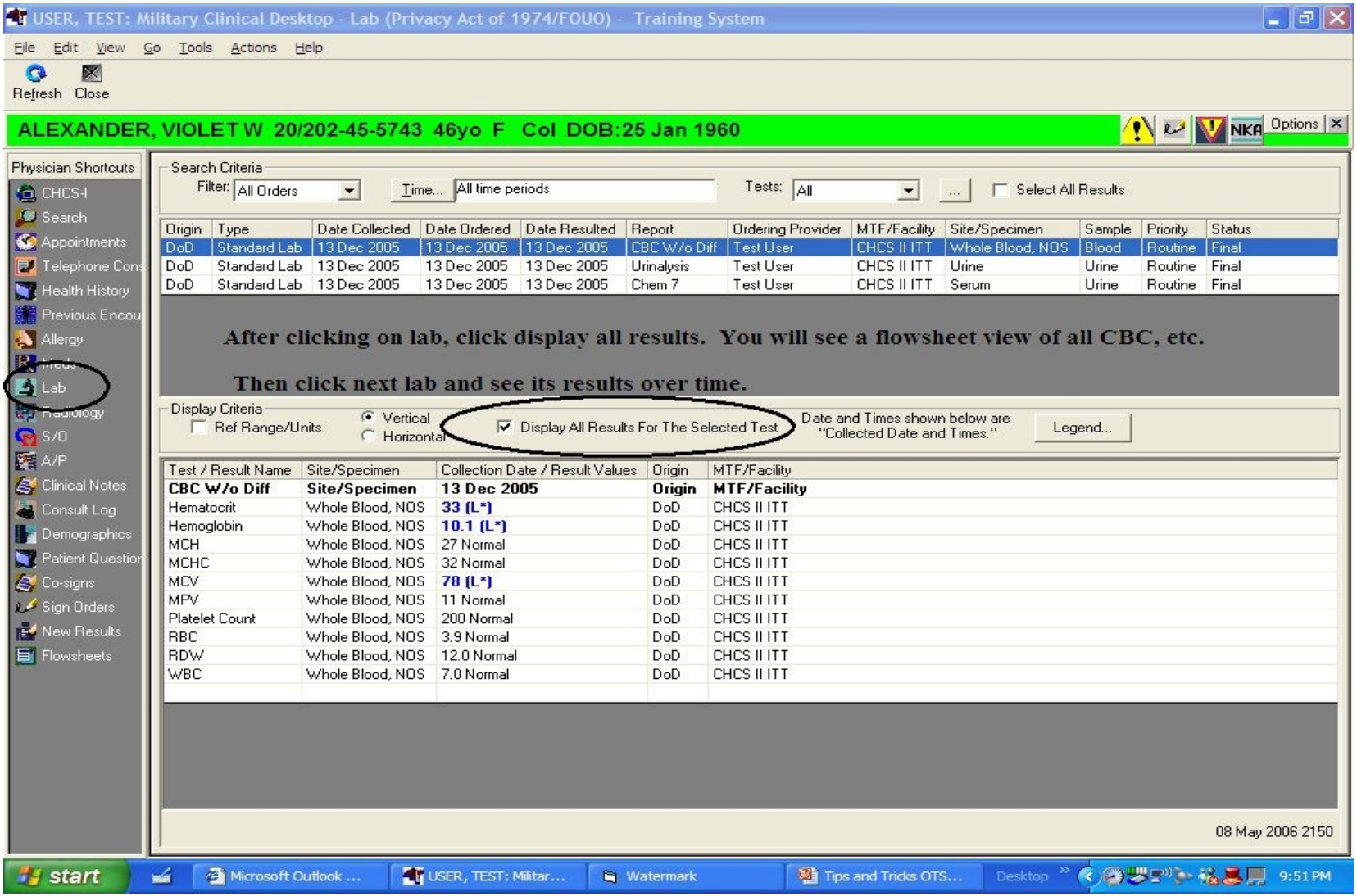
Flow Sheet

- Can be used to review all current labs
- Micro labs, UA etc tend to fill the screen and should be taken off.
- Micro labs best viewed in lab module
- In Lab module using select all will give lab flow sheet in lab (next slide)


USER, TEST: Military Clinical Desktop - Allergy (Privacy Act of 1974/FOUO) - Training System
CHANG, JON S 20/732-67-9231 35yo M LT DOB:25 Feb 1971
USER, TEST: Military Clinical Desktop - Flowsheets (Privacy Act of 1974/FOUO) - Training System
ALEXANDER, VIOLET W 20/202-45-5743 45yo F Col DOB:25 Jan 1961
You deselect labs you don't want.
Print Flowsheet Portion
Print Entire Flowsheet


USER, TEST: Military Clinical Desktop - Flowsheets (Privacy Act of 1974/FOUO) - Training System
ALEXANDER, VIOLET W 20/202-45-5743 45yo F Col DOB:25 Jan 1961
You can change flowsheet selection and see flow sheet of vital signs.
Print Flowsheet Portion
Print Entire Flowsheet

Lab Module
Flowsheet View


USER, TEST: Military Clinical Desktop - Lab (Privacy Act of 1974/FOUO) - Training System
File Edit View Go Tools Actions Help
Refresh Close
ALEXANDER, VIOLET W 20/202-45-5743 46yo F Col DOB:25 Jan 1960
Options
Physician Shortcuts
CHCS-I
Search
Appointments
Telephone Cons
Health History
Previous Encou
Allergy
Lab
Radiology
S/O
A/P
Clinical Notes
Consult Log
Demographics
Patient Questior
Co-signs
Sign Orders
New Results
Flowsheets
Search Criteria
Filter: All Orders
Time... All time periods
Tests: All
Select All Results
Origin Type Date Collected Date Ordered Date Resulted Report Ordering Provider MTF/Facility Site/Specimen Sample Priority Status
DoD Standard Lab 13 Dec 2005 13 Dec 2005 13 Dec 2005 CBC W/o Diff Test User CHCS II ITT Whole Blood, NOS Blood Routine Final
DoD Standard Lab 13 Dec 2005 13 Dec 2005 13 Dec 2005 Urinalysis Test User CHCS II ITT Urine Urine Routine Final
DoD Standard Lab 13 Dec 2005 13 Dec 2005 13 Dec 2005 Chem 7 Test User CHCS II ITT Serum Urine Routine Final
After clicking on lab, click display all results. You will see a flowsheet view of all CBC, etc.
Then click next lab and see its results over time.
Display Criteria
Ref Range/Units
Vertical
Horizontal
Display All Results For The Selected Test
Date and Times shown below are "Collected Date and Times."
Legend...
Test / Result Name Site/Specimen Collection Date / Result Values Origin MTF/Facility
CBC W/o Diff Site/Specimen 13 Dec 2005 Origin MTF/Facility
Hematocrit Whole Blood, NOS 33 (L*) DoD CHCS II ITT
Hemoglobin Whole Blood, NOS 10.1 (L*) DoD CHCS II ITT
MCH Whole Blood, NOS 27 Normal DoD CHCS II ITT
MCHC Whole Blood, NOS 32 Normal DoD CHCS II ITT
MCV Whole Blood, NOS 78 (L*) DoD CHCS II ITT
MPV Whole Blood, NOS 11 Normal DoD CHCS II ITT
Platelet Count Whole Blood, NOS 200 Normal DoD CHCS II ITT
RBC Whole Blood, NOS 3.9 Normal DoD CHCS II ITT
RDW Whole Blood, NOS 12.0 Normal DoD CHCS II ITT
WBC Whole Blood, NOS 7.0 Normal DoD CHCS II ITT
08 May 2006 2150
start
Microsoft Outlook ...
USER, TEST: Militar...
Watermark
Tips and Tricks OTS...
Desktop
9:51 PM

Use of Word Documents

- If you use the same PC, you can save common word documents
  - Education Material
  - Counseling Material
  - Treatment Plans/ Recommendations
  - Other
- Simply cut and past as appropriate into the record (Add Note or other areas where you could normally type)
- Used a lot by Behavioral Health also beneficial for PT/OT, and certain subspecialties.

Top Reasons EUD Performance Issues: That MTF can Control

1. User settings
2. Number of clinics where the user is mapped
3. Spyware/other non-work related software
4. Incorrect version of AHLTA
5. Extraneous running software (Music, email, etc)
6. User perception (workflow)
7. *Network issues*

Expanded: Top Reasons for EUD Performance Issues

- User settings
  - Auto-cites (Extensive **Auto-cites will slow system)**
  - Appointment Search Criteria
    - **Allows the user to display/access all un-signed encounters for all Clinics they are mapped to as well as selecting all Providers in that Clinic**
      - **User configurable**
      - **Users requiring extensive encounter lists will operate slower**
- Number of clinics to which the user is mapped – the more clinics the slower the system access

  - Database call to “get Clinic data” is used throughout AHLTA
    - The “get Clinic data” call retrieves:
      - **Appointment Data Types for each Clinic**
      - **Clinic Information for each Clinic**
      - **Amount of and users in each Clinic**
      - **Amount of templates assigned to each Clinic (only for the Template Management Module**

Top Reasons for EUD Performance Issues

- Spyware
  - What is in your Internet files
  - Have you deleted your cookies
- Incorrect version of AHLTA
  - AHLTA Client Software not in sync with CDR (Database) indexes
  - Updated and controlled by IMD
- Extraneous running software
  - Streaming music/Instant Messaging
- User perception
  - Users are not aware of what takes place in the background when they use a function in AHLTA
    - For example: **Going between the S/O and A/P modules**
      - **The system saves the S/O data, updates and saves the Encounter, updates and Saves the Appointment, then opens the A/P module, updates the Appointment, updates the Encounter, retrieves A/P data**